

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 1720 I Street, NW Suite 550			Amount <table border="1" style="display:inline-table; margin:0 5px;">42159.85</table>		
City Washington	State DC	Zip Code 20006	Transaction ID : D369108		
Purpose of Expenditure Direct Mail		Category/Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">12419615.76</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 1720 I Street, NW Suite 550			Amount <table border="1" style="display:inline-table; margin:0 5px;">42159.85</table>		
City Washington	State DC	Zip Code 20006	Transaction ID : D369109		
Purpose of Expenditure Direct Mail		Category/Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">12419615.76</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">84319.70</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

[Electronically Filed]

Date

 /

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PLANNED PARENTHOOD VOTES			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 123 WILLIAM ST, 10TH FLOOR			Amount 816.00		
City New York	State NY	Zip Code 10038	Transaction ID : D369110		
Purpose of Expenditure Direct Mail		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee PLANNED PARENTHOOD VOTES			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 123 WILLIAM ST, 10TH FLOOR			Amount 816.00		
City New York	State NY	Zip Code 10038	Transaction ID : D369111		
Purpose of Expenditure Direct Mail		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1632.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Hudson, Gerald, , ,

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Date

MM / DD / YYYY
11 / 03 / 2016

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PLANNED PARENTHOOD VOTES		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 123 WILLIAM ST, 10TH FLOOR		Amount 544.00	
City New York	State NY	Zip Code 10038	Transaction ID : D369112
Purpose of Expenditure Direct Mail	Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

12419615.76

Full Name of Payee PLANNED PARENTHOOD VOTES		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 123 WILLIAM ST, 10TH FLOOR		Amount 544.00	
City New York	State NY	Zip Code 10038	Transaction ID : D369113
Purpose of Expenditure Direct Mail	Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016	
Name of Federal Candidate AYOTTE, KELLY A, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

805445.69

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1088.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	87039.70

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Hudson, Gerald, , ,

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Date

MM / DD / YYYY
11 / 03 / 2016

Signature